GVNW CONSULTING, INC.



2270 LA MONTANA WAY (80918)
P.O. BOX 25969 (80936)
COLORADO SPRINGS, CO
TEL. 719.594.5800
FAX 719.594.5803
www.gvnw.com

June 25, 2015

REDACTED - FOR PUBLIC INSPECTION

VIA UPS and ECFS

Marlene H. Dortch, Secretary Federal Communication Commission Office of the Secretary 445 12th Street, SW Washington, DC 20554

Re: Confidential Financial Information Subject to Protective Order in WC Docket Nos. 10-90, 07-135,

05-337, 03-109, 14-58, CC Docket Nos. 01-92, 96-45, GN Docket No. 09-51, WT Docket No. 10-208, and requesting Confidential treatment for financial information pursuant to sections 0.457 and 0.459 of the Commission's rules. Before the Federal Communications Commission. Form 481 –

Carrier Annual Reporting Data Collection, 2015. WC 14-58, 11-42

Dear Ms. Dortch:

On behalf of New Florence Telephone Company ("New Florence"), GVNW Consulting, Inc. hereby submits the attached redacted and confidential versions of its "FCC Form 481 – Carrier Annual Reporting Data Collection" information pursuant to sections 54.313 and 54.422 of the Commission's rules, as filed with the Universal Service Administrative Company. A copy is also being submitted to the Missouri Public Regulatory Commission.

New Florence requests confidential treatment under the Protective Order adopted in this proceeding for the section 54.313(f)(2) financial information included in this report on the grounds that it is competitively sensitive information that is secure from public access and this information should not be released publicly for inspection as it could be used to disadvantage or harm New Florence. In addition, New Florence is requesting confidential treatment pursuant to sections 0.457 and 0.459 of the Commission's rules for the Five-Year Build-Out Plan Progress Report and Map that is required by section 54.313(a)(1) to be attached to this report.

In accordance with the Protective Order, two redacted copies marked "REDACTED – FOR PUBLIC INSPECTION" and one non redacted confidential version marked "CONFIDENTIAL – NOT FOR PUBLIC INSPECTION" are being filed with the Commission. A redacted copy has also been filed via the Electronic Comment Filing System.

If you have any questions, please contact me at jushio@gvnw.com or 719-594-5814.

Sincerely,

/s/ Judi Ushio

Judi Ushio Midwest Division Manager

cc: Mr. Charles Tyler, FCC Telecommunications Access Policy Division

(two copies, confidential)

REDACTED - FOR PUBLIC INSPECTION

REDACTED – FOR PUBLIC INSPECTION ATTACHMENT – LINE 112 ATTACHMENT REDACTED IN ITS ENTIRETY

| FCC For | m 481 - Carrier Annual Reporting Data Collection Form | | 01 | CC Form 481 MB Control No. 3060-0986/OMB Co ly 2013 | ntrol No. 3060-0819 |
|------------------|---|--------------------|--|---|-------------------------------|
| <010> | Study Area Code | 421927 | | | |
| <015> | Study Area Name | NEW FLORENCE TEI | . co | | |
| <020> | Program Year | 2016 | | | |
| <030> | Contact Name: Person USAC should contact with questions about this data | Bruce Steed | | | |
| <035> | Contact Telephone Number: Number of the person identified in data line <030> | 2085482345 ext. | | | |
| <039> | Contact Email Address: Email of the person identified in data line <030> | bruce@directcom. | com | | |
| | | | | 54.31 Complet | |
| ANNUA | L REPORTING FOR ALL CARRIERS | | | Require | ed Required ox when complete) |
| <100> | Service Quality Improvement Reporting | | (complete attached works) | | ox when complete) |
| | Outage Reporting (voice) | | (complete attached worksh | | √ |
| <210> | | outages to report | | | 11111 |
| <300> | Unfulfilled Service Requests (voice) | | | <u> </u> | |
| <310> | Detail on Attempts (voice) | | | | |
| | | | | (attach descriptive document) | |
| <320> | Unfulfilled Service Requests (broadband) | | | | |
| <330> | Detail on Attempts (broadband) | | | | |
| | | | | (attach descriptive document) | |
| <400> | Number of Complaints per 1,000 customers (voice) | | |] | |
| <410> | Fixed 0.0 | | | √ | |
| <420> | Mobile 0.0 | | | | <u> </u> |
| <430> <440> | Number of Complaints per 1,000 customers (broads | pand) | | ✓ | |
| <450> | Mobile 0.0 | | | | |
| <500> | Service Quality Standards & Consumer Protection R 421927mo510.pdf | ules Compliance | (check to indicate certifica | ation) ✓ | ✓ |
| <510> | | | (attached descriptive de | ocument) ✓ | √ |
| | | | | | |
| <600> | Functionality in Emergency Situations | | (check to indicate certifica | ation) | √ |
| | 421927mo610.pdf | | | | |
| | | | (attached descriptive docu | ment) | |
| <610> | | | | | |
| <700> | Company Price Offerings (voice) | | (complete attached works | heet) | |
| <710> | Company Price Offerings (broadband) | | (complete attached works | heet) | |
| <800> <900> | Operating Companies and Affiliates Tribal Land Offerings (Y/N)? | | (complete attached works (if yes, complete attached works | | |
| | Voice Services Rate Comparability Certification | | Yes | √ ✓ | |
| | 421927M01010.pdf | | | | |
| <1010> | | | (attach descriptive docun | nent) | |
| <1100> | Certify whether terrestrial backhaul options ex | ist (Yes | (if not, check to indicate | certification) | |
| <1110> <1200> | Terms and Condition for Lifeline Customers | | (complete attached works | | |
| | Price Cap Carriers, Proceed to Price Cap Additional | Documentation W | | | |
| -2000 | Including Rate-of-Return Carriers affiliated with Pro | ce Cap Local Excha | - | | |
| <2000> <2005> | | | (check to indicate certifica (complete attached works | | |
| | Rate of Return Carriers, Proceed to ROR Additional | Documentation W | | | |
| <3000> <3005> | | | (check to indicate certifica (complete attached works | | |
| | | | perinpicie attachea works | ·, Y | |

| (100) Se Data Co | (100) Service Quality Improvement Reporting Data Collection Form | FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013 |
|--|--|---|
| <010> | Study Area Code | 421927 |
| <015> | Study Area Name | NEW FLORENCE TEL CO |
| <020> | Program Year | 2016 |
| <030> | Contact Name - Person USAC should contact regarding this data | Bruce Steed |
| <032> | Contact Telephone Number - Number of person identified in data line <030> | 2085482345 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | bruce@directcom.com |
| <110> | Has your company received its ETC certification from the FCC? | (yes / no) ① |
| <111> | If your answer to Line <110> is yes, do you have an existing $\S54.202(a)$ "5 year plan" filed with the FCC? | (yes / no) O |
| (112) (113) (114) (115) (116) (117) | If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service. Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service. Please select the appropriate responses below (Yes, No, Not Applicable) to confirm that the attached document(s), on line 112, contains a progress report on its five-wear Maps detailing progress towards meeting plan targets. Report how much universal service (USF) support was received How much (USF) was used to improve service quality and how support was used to improve service How much (USF) was used to improve service capacity and how support was used to improve service Provide an explanation of network improvement targets not met in the prior calendar year. | mpany is a Naps .docx, 421927mo112 .pdf Name of Attached Incriment Nes Yes Nove Service Yes Not Applicable Not Applicable |
| | | |

| (200) Service Outage Reporting (Voice) | FCC Form 481 |
|--|---|
| Data Collection Form | OMB Control No. 3060-0986/OMB Control No. 3060-0819 |
| | 1 |

| | | | | | | <h></h> | Preventative | Procedures | | | | | | | | | | | |
|-----------------|---------------------|--------------|---|---|---|------------------|---|-----------------|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | \$ \$ | Service Outage | Resolution | | | | | | | | | | | |
| | | | | | | \$ | Did This Outage Affect Multiple Study Areas | (Yes / No) | | | | | | | | | | | |
| | | | | | | <6> | Service Outage Description (Check | all that apply) | | | | | | | | | | | |
| | | | | | | <ρ>> | 911 Facilities Affected | (Yes / No) | | | | | | | | | | | |
| | TEL CO | | | ext. | tcom.com | <c2></c2> | Total Number of | Customers | | | | | | | | | | | |
| 421927 | NEW FLORENCE TEL CO | 2016 | Bruce Steed | .0> 2085482345 ext. | 30> bruce@directcom.com | <c1></c1> | Number of Customers Affected | | | | | | | | | | | | |
| | | | data | n data line <03 | in data line <0∃ | b4> | Outage End Time | | | | | | | | | | | | |
| | | | regarding this | son identified i | son identified | < | Outage End Date | | | | | | | | | | | | |
| | | | should contact | Number of per | Address of pe | <bs></bs> | | | | | | | | | | | | | |
| qe | me | | Contact Name - Person USAC should contact regarding this data | Contact Telephone Number - Number of person identified in data line <030> | Contact Email Address - Email Address of person identified in data line <030> | < | Outage Start Outage Start Date Time | | | | | | | | | | | | |
| Study Area Code | Study Area Name | Program Year | Contact Name | Contact Telep | Contact Email | < 9 > | NORS Reference Number | | | | | | | | | | | | |
| <010> | <015> | <020> | <030> | <032> | <039> | <220> | | | | | | | | | | | | | |

| FCC Form 481 | OMB Control No. 3060-0986/OMB Control No. 3060-0819 | July 2013 |
|--|---|-----------|
| 700) Price Offerings including Voice Rate Data | Jata Collection Form | |

| 421927 | NEW FLORENCE TEL CO | 2016 | Bruce Steed | 2085482345 ext. | bruce@directcom.com | | |
|-----------------------|-----------------------|--------------------|---|---|---|---|--|
| <010> Study Area Code | <015> Study Area Name | <020> Program Year | <030> Contact Name - Person USAC should contact regarding this data | <035> Contact Telephone Number - Number of person identified in data line <030> 2085482345 ext. | <039> Contact Email Address - Email Address of person identified in data line <030> bruce@directcom.com | <701> Residential Local Service Charge Effective Date | Single State-wide Residential Local Service Charge |
| <010> | <015> | <020> | <030> | <032> | <039> | <701> | <702> |

| | | . 1 | | | | | | | | | | |
|-------------------------|---|---------|------|------|------|------------------------|------|------|------|------|------|------|
| <>>> | Total per line Rates and Fees | | | | | | | | | | | |
| < | Mandatory Extended Area Service Charge | 0 | | | | | | | | | | |
| | State Universal Service Fee | | | | | | | | | | | |
| | State Subscriber Line Charge | | | | | See attached worksheet | | | | | | |
| | Residential Local Service Rate | | | | | #S 99 | | | | | | |
| | Rate Type | 7 J. C. | | | | | | | | | | |
| <a3></a3> | SAC (CETC) | | | | | | | | | | | |
| <a2></a2> | Exchange (ILEC) | 0 | | | | | | | | | | |
| <a1></a1> | State | | | | | | | | | | | |
| <703> | | 1 | | | | | | | | | | |

| (710) Broadband Price Offerings | FCC Form 481 |
|---------------------------------|---|
| Data Collection Form | OMB Control No. 3060-0986/OMB Control No. 3060-0819 |
| | July 2013 |

| Data Co | Data Collection Form | OMB Control No. 3060-0986/OMB Control No. 3060-0986/OMB Control No. 3060-0819 |
|---------|---|---|
| | | July 2013 |
| | | |
| <010> | <010> Study Area Code | 421927 |
| <015> | <015> Study Area Name | NEW FLORENCE TEL CO |
| <020> | <020> Program Year | 2016 |
| <030> | <030> Contact Name - Person USAC should contact regarding this data | Bruce Steed |
| <032> | <035> Contact Telephone Number - Number of person identified in data line <030> | 2085482345 ext. |
| <039> | <039> Contact Email Address - Email Address of person identified in data line <030> | ine <030> bruce@directcom.com |
| | | |

| <d4>></d4> | Usage Allowance Action Taken When Limit Reached { <i>select</i> } | | | | | | | | | | | | | |
|---------------|---|---|------|---|--|------------------------|----------|--|--|--|---|---|--|--|
| <q3></q3> | Usage Allowance (GB) | | | | | | | | | | | | | |
| <d2></d2> | Broadband Service - Upload Speed (Mbps) | | | | | | | | | | | | | |
| <d1></d1> | Broadband Service - Download Speed (Mbps) | | | | | | , | | | | | | | |
| \\\ | Total Rate and Fees | | | | | See attached workshaet | Non work | | | | | | | |
| | State Regulated Fees | | | | | . See attacl | <u> </u> | | | | | | | |
| | Residential Rate | | | | | | | | | | | | | |
| <a2></a2> | Exchange (ILEC) | | | | | | | | | | | | | |
| <a1></a1> | State | | | | | | | | | | | | | |
| <711> | | 1 | | • | | | | | | | • | • | | |

| do (008) | (800) Operating Companies | FCC Form 481 |
|----------|---|--|
| Data Col | Data Collection Form | OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013 |
| | | |
| <010> | <010> Study Area Code | 421927 |
| <015> | <015> Study Area Name | NEW FLORENCE TEL CO |
| <020> | <020> Program Year | 2016 |
| <030> | <030> Contact Name - Person USAC should contact regarding this data | Bruce Steed |
| <032> | <035> Contact Telephone Number - Number of person identified in data line <030> 2085482345 ext. | 2085482345 ext. |
| <039> | <039> Contact Email Address - Email Address of person identified in data line <030> bruce@directcom.com | bruce@directcom.com |
| <810> | <810> Reporting Carrier New Florence Telephone | |

<811> Holding Company Not Applicable
<812> Operating Company New Florence Telephone

| <93> | Doing Business As Company or Brand Designation | | | et | | | | | | | | | | |
|-----------|--|--|--|------------------------|--|--|--|--|--|--|--|--|--|--|
| <a2></a2> | SAC | | | See attached worksheet | | | | | | | | | | |
| <46> | Affiliates | | | See atta | | | | | | | | | | |
| <813> | | | | | | | | | | | | | | |

| (900) Tr Data Co | (900) Tribal Lands Reporting Data Collection Form | FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 |
|---------------------|--|---|
| | | July 2013 |
| | | |
| <010> | · Study Area Code | 421927 |
| <015> | · Study Area Name | NEW FLORENCE TEL CO |
| <020> | • Program Year | 2016 |
| <030> | | Bruce Steed |
| <032> | · Contact Telephone Number - Number of person identified in data line <030> | > 2085482345 ext. |
| <039> | | > bruceedirectcom.com |
| | | |
| <910> | Tribal Land(s) on which ETC Serves | |
| | | |
| | | |
| | | |
| |] | |
| | | |
| <920> | . Tribal Government Engagement Obligation | |
| | | |
| | | Name of Attached Document |
| If your | If your company serves Tribal lands, please select (Yes,No, NA) for each these | |
| poxes | | |
| to con | to confirm the status described on the attached document(s), on line 920, | Select Ves of No or |
| demo | demonstrates coordination with the Trihal government nursuant to | Not |
| <921> | . Needs assessment and deployment planning with a focus on | |
| ,,,,, | Tribal | |
| 7220 | - | |
| V6267 | | |
| <924> | Compliance with rights of way processes | |
| 55765 5000 | | |
| <976> | | |
| <927> | | |
| <928> | | |
| <929> | · Compliance with Tribal Business and Licensing requirements. | |

| (1100) N | (1100) No Terrestrial Backhaul Reporting | FCC Form 481 |
|----------|--|--|
| Data Co | Data Collection Form | OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013 |
| <010> | Study Area Code | 421927 |
| <015> | | NEW FLORENCE TEL CO |
| <020> | Program Year | 2016 |
| <030> | Contact Name - Person USAC should contact regarding this data | Bruce Steed |
| <032> | Contact Telephone Number - Number of person identified in data line <030> | 2085482345 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | bruce@directcom.com |
| | Please confirm whether terrestrial backhaul options exist within the supported area | |
| <1130> | Please select the appropriate response (Yes, No, Not Applicable) to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 khns. | 90 |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

| (1200) | (1200) Terms and Condition for Lifeline Customers | | FCC Form 481 |
|---------------------|---|------------------------------|--|
| Lifeline Data Co | Lifeline Data Collection Form | | OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013 |
| <010> | Study Area Code | 421927 | |
| <015> | | NEW FLORENCE TEL CO | |
| <020> | Program Year | 2016 | |
| <030> | | Bruce Steed | |
| <032> | | | |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | e <030> bruce@directcom.com | |
| | | 421927mo1210.pdf | |
| 70,000 | 1910. Tarme B. Conditions of Vaira Talanham I ifalina Dlans | | |
| 71210 | refins & Conditions of Voice Telephony Enemie Figure | | |
| | | | Name of Attached Dorument |
| <1220> | Link to Public Website | HTTP http://missouricom.com/ | |
| | | | |
| "Please | "Please check these boxes below to confirm that the attached document(s), on line | ē. | |
| 1210, | | | |
| or the v | or the website listed, on line 1220, contains the required information pursuant to | | |
| 8 54 43 | 8 54 400(a) annual renorting for FTCs receiving low-income sunnort-carriers | | |
| <1221> | Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers, | | |
| <1222> | Details on the number of minutes provided as part of the plan. | , | |
| | | | |
| <1223> | · Additional charges for toll calls, and rates for each such plan. | | |

| (2000) Pr | (2000) Price Cap Carrier Additional Documentation | FCC Form 481 | |
|-----------|---|---|------------------|
| Data Coll | Data Collection Form | OMB Control No. 3060-0986/OMB Control No. 3060-0819 | ol No. 3060-0819 |
| Including | Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers | July 2013 | |
| | | | |
| <010> | <010> Study Area Code | | |
| <015> | <015> Study Area Name | 42.1927 | |
| <020> | <020> Program Year | NEW FLORENCE TEL CO | |
| <030> | <030> Contact Name - Person USAC should contact regarding this data | 2016 | |
| <032> | <035> Contact Telephone Number - Number of person identified in data line <030> Bruce Steed | BINGESTEED | |
| <039> | <039> Contact Email Address - Email Address of person identified in data line <030> | Z/853482345 BXC. | |

Select the appropriate responses below (Yes, No, Not Applicable) to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e). The information reported on this form and in the documents attached below is accurate.

| | | Name of Attached Document(s) Listing Required | |
|--|--------------------------------|--|--------|
| Incremental Connect America Phase I reporting 2nd Year Certification {47 CFR § 54.313(b)(1)i} 3rd Year Certification {47 CFR § 54.313(b)(1)ii} | Attachment {47 CFR § 54.313(b) | Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.312(a)) 2013 Frozen Support Calculation (47 CFR § 54.313(c)(1)) 2014 Frozen Support Calculation (47 CFR § 54.313(c)(1)) 2015 Frozen Support Calculation (47 CFR § 54.313(c)(3)) 2016 and future Frozen Support Calculation (47 CFR § 54.313(c)(3)) 2016 and future Frozen Support Calculation (47 CFR § 54.313(c)(4)) Price Cap Carrier Connect America ICC Support (47 CFR § 54.313(c)(4)) Certification Support Used to Build Broadband Connect America Phase II Reporting (47 CFR § 54.313(e)) 3rd year Broadband Service Certification Interim Progress Certification Sth year Broadband Service Certification Interim Progress Certification Please rheck the hox to confirm that the attached document(s). On line contains the require anterease of community anchor institutions to which headson providing acress to hroadhand separated received and r | |
| <2010> <2011a> | <2011b | <2012> <2013> <2014> <2015> <2015> <2015> <2016> <2017> <2017> <2018> <2018> | <2021> |

Name of Attached Document(s) Listing Required

REDACTED - FOR PUBLIC INSPECTION

| 3000) R. | (3000) Rate Of Return Carrier Additional Documentation | FCC Form 481 |
|------------------|--|---|
| Data Col | Data Collection Form | OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013 |
| <010> | | 421927 |
| <015> | Study Area Name Program Year | NEW FLORENCE TEL CO |
| <030> | Contact Name - Person L | 2016 Bruce Steed |
| <035> | Contact Telephone Number - Number of person identified in data line <030> Contact Email Address - Email Address of person identified in data line <030> | 2085482345 ext. bruce@directcom.com |
| CHECK | the boxes below to note compliance on its five year service quality plan (pursu CFR § \$4.3.18(i){2}. I further certify that | CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate. |
| | | 421927mo3010.pdf |
| (3010) | Progress Report on 5 Year Plan Milestone Certification {47 CFR § 54.313(f)(1)(i)} | |
| (3011) | Please check this how § 54.313 (f)(1)(ii), the proxiding agress to h | Name of Attached Document Listing Required Information to confirm that the attached document(s) on line 3012 contains the remuired information carrier shall provide the number, names, and addresses of community anchor institutions to |
| (3012) | vorinci i peruarii Community Anchor Institutions 447 CFR 6 54 313 (1) (iii) | |
| | | 1) (|
| (3013) | Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2)} If yes, does your company file the RUS annual report | Name of Attached Document Listing Required Information (Yes/No) (Yes/No) (Yes/No) |
| Please (3015) | check these boxes to | confirm that the attached document(s), on line 3017, contains the required information pursuant to § 54.315(f)(2) |
| (3016) | retecommunications borrowers) Document(s) for Balance Sheet. Income Statement and Statement of Cash | of Cash |
| (3017) | If the response is yes on line 3014, attach your company's RUS annual report and all required documentation | |
| (3018) | If the response is no on line 3014, Is your company audited? | Name of Attached Document Listing Required Information (Yes/No) |
| (3019) | If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains Either a copy of their audited financial statement, or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications | ormat comparable to RUS Operating Report for Telecommunications |
| (3020) | Document(s) for Balance Sheet. Income Statement and Statement of Cash | |
| (3021) | Management letter and audit opinion issued by the independent certified public accountant that performed the company's if the response is no on line 3018, please check the boses below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains: | ified public accountant that performed the company's |
| (3022) | | |
| (3023) | out owers, Underlying information subjected to a review by an independent certified public accountant Underlying information subjected to an officer certification. | |
| (3025) | | 421927M03026.pdf |
| (3026) | Attach the worksheet listing required information | |
| | | |

-

REDACTED - FOR PUBLIC INSPECTION

| (3000) Rate Of Return Carrier Additional Documentation (Continued) | FCC Form 481 |
|--|---|
| Data Collection Form | OMB Control No. 3060-0986/OMB Control No. 3060-0819 |
| | July 2013 |

| Ol10 > Study Area Code 42.19.27 Act Log Area Code NEW FLORENCE TEL CO Act Log Area Name NEW FLORENCE TEL CO Act Log Area Code 20.1 G Act Log Area Contact Regarding this data Enroe Steed Act Log Area Code Enroe Steed Act Log Area Code Act Log Area Code Act Log Area Code Act Log Area Code |
|---|
| udy Area Code Ludy Area Name Ludy Area Name Togram Year Ontact Name - Person USAC should contact regarding this data ontact Nelphone Number - Number of person identified in data line -C030> ontact Enall Address - Fmall Address of person identified in data line -C030> |
| |

| Financial Data Summary | (3027) Revenue | (3028) Operating Expenses | (3029) Net Income | (3030) Telephone Plant In Service(TPIS) | (3031) Total Assets | (3032) Total Debt | (3033) Total Equity | (3034) Dividends | |
|------------------------|----------------|---------------------------|-------------------|---|---------------------|-------------------|---------------------|------------------|--|

| Certification - Reporting Carrier Data Collection Form | FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013 |
|---|--|
| <010> Study Area Code | 421927 |
| <015> Study Area Name | NEW FLORENCE TEL CO |

| <010> | Study Area Code | 421927 |
|-------|---|-----------------------|
| <015> | Study Area Name | NEW FLORENCE TEL CO |
| <020> | Program Year | 2016 |
| <030> | Contact Name - Person USAC should contact regarding this data | Bruce Steed |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 2085482345 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | bruce@directcom.com |
| 1000 | Contact Eman Address of person deficined in data line 1050 | Dideeddie Ceedii. Com |

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.

Name of Reporting Carrier: NEW FLORENCE TEL CO

Signature of Authorized Officer: CERTIFIED ONLINE Date 06/22/2015

Printed name of Authorized Officer: Garrin Bott

Title or position of Authorized Officer: General Manager

Telephone number of Authorized Officer: 2085482345 ext.

Study Area Code of Reporting Carrier: 421927 Filing Due Date for this form: 07/01/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

| | ion - Agent / Carrier ection Form | FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013 |
|-------|---|--|
| <010> | Study Area Code | 421927 |
| <015> | Study Area Name | NEW FLORENCE TEL CO |
| <020> | Program Year | 2016 |
| <030> | Contact Name - Person USAC should contact regarding this data | Bruce Steed |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 2085482345 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | bruce@directcom.com |

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

| I certify that (Name of Agent) also certify that I am an officer of the reporting carrier; my res agent; and, to the best of my knowledge, the reports and data | is authorized to submit the information reported on behalf of the reporting carrier. sponsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized provided to the authorized agent is accurate. |
|---|--|
| Name of Authorized Agent: | |
| Name of Reporting Carrier: | |
| Signature of Authorized Officer: | Date: |
| Printed name of Authorized Officer: | |
| Title or position of Authorized Officer: | |
| Telephone number of Authorized Officer: ext . | |
| Study Area Code of Reporting Carrier: | Filing Due Date for this form: |
| Persons willfully making false statements on this form can be p | ounished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. |

TO BE COMPLETED BY THE AUTHORIZED AGENT:

| | Certification of Agent Authorized to File A | nnual Reports for CAF or LI Recipients on Behalf of Reporting Carrier |
|---------|---|--|
| | agent for the reporting carrier, certify that I am authorized to submit the an lata reported herein based on data provided by the reporting carrier; and, to | nual reports for universal service support recipients on behalf of the reporting carrier; I have provided the best of my knowledge, the information reported herein is accurate. |
| Name | e of Reporting Carrier: | |
| Name | e of Authorized Agent or Employee of Agent: | |
| Signat | ature of Authorized Agent or Employee of Agent: | Date: |
| Printe | ed name of Authorized Agent or Employee of Agent: | |
| Title o | or position of Authorized Agent or Employee of Agent | |
| Teleph | phone number of Authorized Agent or Employee of Agent: ext. | |
| Study | y Area Code of Reporting Carrier: | iling Due Date for this form: |
| | | r forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title ne United States Code, 18 U.S.C. § 1001. |

Attachments

| | | the Control of the Co | 7.7 | | | | | | |
|-----------|---|--|-------------------------------|------------------------|-----------------------------------|------------------------------|-----------------------------|--|-------------------------------|
| Data Coll | (700) Price Offerings Data Collection Form | (700) Frice Orierings including Voice Rate Data Data Collection Form | Data | | | | T 0 1 | FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013 | 3 Control No. 3060-0819 |
| <010> | Study Area Code | Code | | | 421927 | | | | |
| <015> | Study Area Name | Name | | | NEW FLORENCE TEL | CE TEL CO | | | |
| <020> | Program Year | ar | | | 2016 | | | | |
| <030> | Contact Na | Contact Name - Person USAC should contact regarding this data | d contact regard | ing this data | Bruce Steed | ਰ | | | |
| <032> | Contact Tel | Contact Telephone Number - Number of person identified in data line | ver of person ide | ntified in data line < | <030> 2085482345 ext. | ext. | | | |
| <039> | | Contact Email Address - Email Address of person identified in data line <030> | ess of person ide | entified in data line | <030> bruce@directcom.com | ctcom.com | | | |
| <701> | | Residential Local Service Charge Effective Date Single State-wide Residential Local Service Charge | ective Date Service Charge | 1/1/2 | 2015 | | | | |
| <703> | | | | | | | | | _ |
| | <a1>></a1> | <a2></a2> | <a3></a3> | | 4p2> | < | b4> | <92> | \\\\ |
| | State | Exchange (ILEC) | SAC (CETC) | Rate Type | Residential Local Service Rate | State Subscriber Line Charge | State Universal Service Fee | Mandatory Extended Area Service Charge | Total per line Rates and Fees |
| | MO | New Florence, MO | | FR | 16.0 | 0.0 | 0.17 | 0.0 | 16.17 |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

REDACTED - FOR PUBLIC INSPECTION

| (710) Broadband Price Offerings | FCC Form 481 |
|---------------------------------|---|
| Data Collection Form | OMB Control No. 3060-0986/OMB Control No. 3060-0819 |
| | July 2013 |

| <010> | <010> Study Area Code | 421927 |
|-------|---|--|
| <015> | <015> Study Area Name | NEW FLORENCE TEL CO |
| <020> | <020> Program Year | 2016 |
| <030> | <030> Contact Name - Person USAC should contact regarding this data | Bruce Steed |
| <032> | <035> Contact Telephone Number - Number of person identified in data line <030> | <pre><030> 2085482345 ext.</pre> |
| <039> | <039> Contact Email Address - Email Address of person identified in data line <030> | e-030> hypremicom com |

<711>

| <d4>></d4> | Usage Allowance Action Taken When Limit Reached {select} | 0 | Other, No Rate Limit | Other, No Rate Limit | | | | | | | | | |
|-------------------|--|------------------|----------------------|----------------------|--|--|--|--|--|--|--|--|--|
| | Usage Allowance (GB) | 666666 | 666666 | 666666 | | | | | | | | | |
| <q3></q3> | Broadband Service - Broadband Service Usage Allowance Download Speed (Upload Speed (Mbps) (GB) | 0.512 | 0.512 | 1.0 | | | | | | | | | |
| <q2></q2> | Broadband Service - Download Speed (Mbps) | 1.5 | 6.0 | 12.0 | | | | | | | | | |
| <c> <d1></d1></c> | Total Rates and Fees | 29.95 | 39.95 | 49.95 | | | | | | | | | |
| < | State Regulated Fees | 0.0 | 0.0 | 0.0 | | | | | | | | | |
| b1> | Residential Rate | 29.95 | 39.95 | 49.95 | | | | | | | | | |
| <a2></a2> | Exchange (ILEC) | New Florence, MO | New Florence, MO | New Florence, MO | | | | | | | | | |
| <a1></a1> | State | MO | MO | MO | | | | | | | | | |

REDACTED - FOR PUBLIC INSPECTION

| (800) Operating Companies Data Collection Form | | | FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013 |
|---|---------------------|-----------|--|
| <010> Study Area Code | 421927 | | |
| <015> Study Area Name | NEW FLORENCE TEL CO | | |
| <020> Program Year | 2016 | | |
| <030> Contact Name - Person USAC should contact regarding this data | Bruce Steed | | |
| <035> Contact Telephone Number - Number of person identified in data line <030> | 2085482345 ext. | | |
| <039> Contact Email Address - Email Address of person identified in data line <030> | bruce@directcom.com | | |
| <pre><810> Reporting Carrier New Florence Telephone</pre> | | | |
| | | | |
| | | | |
| | | | |
| <813> <a1></a1> | | <a2></a2> | <a3></a3> |
| Affiliates | | SAC | Doing Business As Company or Brand Designation |
| New London Telephone | 421928 | 28 | New London Telephone |
| Orchard Farm Telephone | 421934 | 34 | Orchard Farm Telephone |
| Stoutland Telephone | 421951 | 51 | Stoutland Telephone |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | _ | _ | |

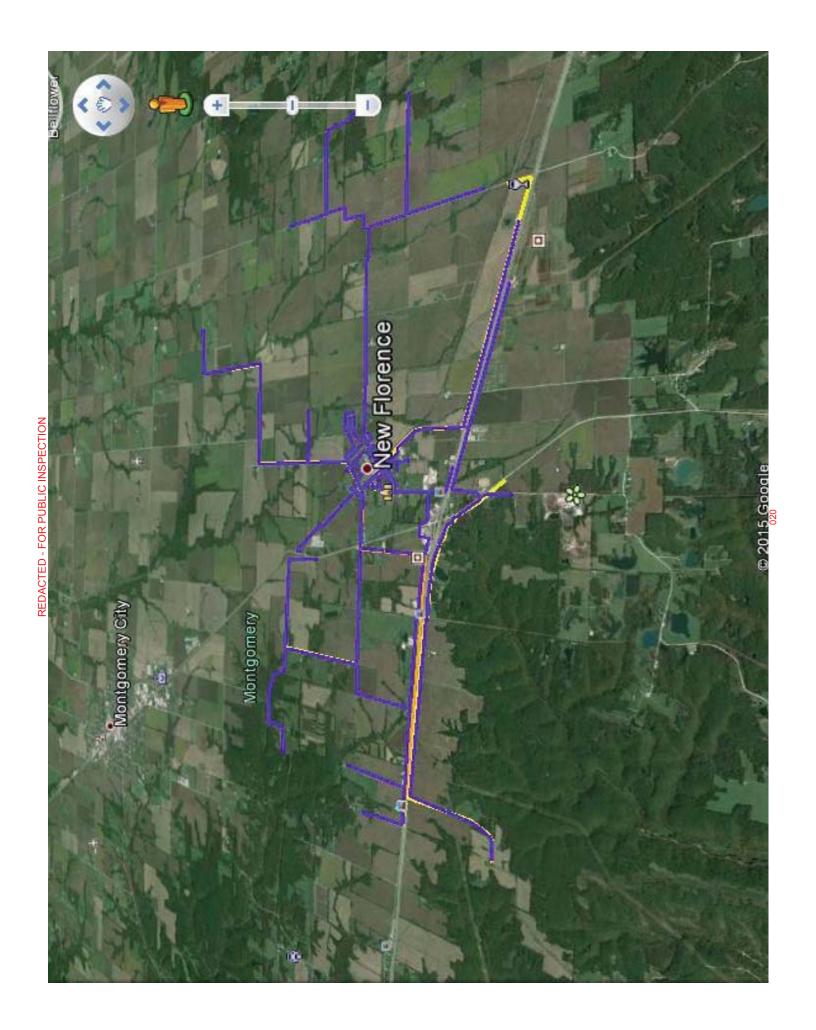
New Florence Telephone Company

State: MISSOURI

Study Area: 421927

Five Year Service Quality Improvement Plan Progress Report





New Florence complies with the service standards of the state of Missouri as promulgated in Missouri regulations 4 CSR 240 Chapters 32 and 33 (even though compliance with these regulations as been waived by the Missouri Public Service Commission). The Company is committed to providing the highest quality service to its customers.

Pursuant to 47 C.F.R. § 54.313(a)(6) and/or 47 C.F.R § 54.422(b)(4) as set forth in 47 C.F.R. § 54.202(a)(2) New Florence Telephone meets the requirements to remain functional in emergency situations and has the following capabilities: Back-up power is provided to New Florence Telephone's central and or remote office(s) by use of fixed generator and batteries that provide it with XX hours of emergency power service. In addition, New Florence Telephone's field electronics have 4-6 hours of back-up power by use of fixed/mobile generators and batteries. New Florence Telephone has no SONET technology in its network. New Florence Telephone has no redundant paths within its network to provide for the capability to reroute traffic. New Florence Telephone has equipped its remote offices/or field gear with Emergency Stand Alone technology that will provide for call completion and access to 911 in emergency situations. New Florence Telephone is capable of managing traffic spikes resulting from emergency situations.

Response to Line 1000 New Florence Telephone Company Study Area 421927

Voice Services Comparability Report

Pursuant to 47 C.F.R. § 54.313 (a) (10) New Florence Telephone Company ("NF") is in compliance with the requirement that voice services is no more than two standard deviations above the national average urban rate for voice service of \$46.96 as specified in Public Notice DA 14-384 issued on March 20, 2014. NF's current total local end-user rate¹ of \$22.33 (which includes a local fee of \$0.75, mandated state fees of \$0.08 and mandatory extended are service charges of \$0.00) is not above the standard deviation as specified in the USF/ICC Transformation Order. 2

¹ Local End User Rate as defined in USF/ICC Transformation Order 26 FCC Rcd at 17751, Para. 238

² USF/ICC Transformation Order, 26 FCC Rcd at 17694, Para. 84 (footnote included) "The standard deviation is a measure of dispersion. The sample standard deviation is the square root of the sample variance. The sample variance is calculated as the sum of the squared deviations of the individual observations in the sample of data from the sample average divided by the total number of observations in the sample minus one. In a normal distribution, about 68 percent of the observations lie within one standard deviation above and below the average and about 95 percent of the observations lie within two standard deviations above and below the average."

NEW FLORENCE TELEPHONE COMPANY LIFELINE ASSISTANCE PROGRAM

The Lifeline Assistance Program is a plan that assists qualified low-income applicants with reductions in their monthly local exchange service rate. The assistance applies to a single telephone line at the applicant's principal place of residence. Qualified applicants monthly local exchange service rate may be reduced by up to \$12.75.

Eligibility will be based on participation in a qualifying program. For more information about Lifeline Assistance you may contact us at 573-835-2997, visit the office located at 101 N Main St., New Florence, MO or visit our website http://www.newflorence.com.

You must prove eligibility by submitting a form signed under penalty of perjury that you receive benefits from or a copy of any dated document which verifies your participation in a qualifying program.

Benefits take effect when proof of eligibility is received and will be reviewed periodically. Benefits will be discontinued when you no longer participate in the qualifying program or do not provide proof of eligibility when requested. Customers no longer eligible **must** notify their service provider.

Being a Lifeline customer does not protect you from being disconnected if you fail to pay your telephone bill. Lifeline discounts cannot be applied to an outstanding balance owed to your phone company.

Lifeline can only be applied to one telephone line per household.

NEW FLORENCE TELEPHONE COMPANY AND SUBSIDIARIES

CONSOLIDATED FINANCIAL STATEMENTS (With unconsolidated amounts for 2013)

DECEMBER 31, 2014

NEW FLORENCE TELEPHONE COMPANY AND SUBSIDIARIES CONSOLIDATED FINANCIAL REPORT DECEMBER 31, 2014

(With unconsolidated amounts for 2013)

| | Page |
|---|-------|
| INDEPENDENT AUDITOR'S REPORT | 1-2 |
| CONSOLIDATED FINANCIAL STATEMENTS | |
| Consolidated balance sheet | 3-4 |
| Consolidated statements of operation | 5 |
| Consolidated statement of changes in stockholders' equity | 6 |
| Consolidated statement of cash flows | 7-8 |
| Notes to consolidated financial statements | 9-19 |
| SUPPLEMENTAL INFORMATION | |
| Independent auditor's report on supplemental information | 20 |
| Consolidating balance sheet | 21-22 |
| Consolidating statement of income and retained earnings | 23 |
| Consolidating statement of cash flows | 24-25 |
| INDEPENDENT AUDITOR'S REPORT ON INTERNAL CONTROL OVER | |
| FINANCIAL REPORTING AND ON COMPLIANCE AND OTHER MATTERS | |
| BASED ON AN AUDIT OF FINANCIAL STATEMENTS PERFORMED IN | |
| ACCORDANCE WITH GOVERNMENT AUDITING STANDARDS | 26-27 |



INDEPENDENT AUDITOR'S REPORT

To the Board of Directors New Florence Telephone Company New Florence, Missouri

We have audited the accompanying consolidated financial statements of New Florence Telephone Company (a Missouri corporation) and Subsidiaries, which comprise the consolidated balance sheet as of December 31, 2014, and the related consolidated statements of income, stockholder's equity and cash flows for the year then ended, and the related notes to the financial statements. We have also audited the accompanying financial statements of New Florence Telephone Company, which comprise the balance sheet as of December 31, 2013, and the related statements of income, retained earnings, stockholder's equity, and cash flows for the year then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these consolidated financial statements in accordance with accounting principles generally accepted in the United State of America and the standards applicable to the financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of consolidated financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these consolidated financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the consolidated financial statements are free of material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the consolidated financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the consolidated financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the consolidated financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Company's internal control. Accordingly, we express no such opinion. An

P.O. DRAWER 577 • 205 NORTH MAIN BRIGHAM CITY, UTAH 84302 • (435) 723-8563 • FAX (435) 723-8565 audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the consolidated financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of New Florence Telephone Company and Susidiaries at December 31, 2014, and the results of its operations and its cash flows for the year then ended in conformity with accounting principles generally accepted in the United States of America. Also, in our opinion, the 2013 financial statements present fairly, in all material respects, the financial position of New Florence Telephone Company as of December 31, 2013, and the results of its operations, stockholder's equity, and its cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

GAO Reporting

In accordance with Government Auditing Standards, we have also issued a report dated April 4, 2015, on our consideration of New Florence Telephone Company and Subsidiaries' internal control over financial reporting, and our tests of their compliance with certain provisions of laws, regulations, contracts and grant agreements. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with Government Auditing Standards and should be read in conjunction with this report in considering the results of our audits.

Wyguro & G., PC Brigham City, Utah April 4, 2015

2

NEW FLORENCE TELEPHONE COMPANY AND SUBSIDIARIES CONSOLIDATED BALANCE SHEET DECEMBER 31, 2014

(With unconsolidated financial statements for 2013)

2014

2013

ASSETS

Current assets

Cash and cash equivalents
Due from subscribers and agents, less
allowance for doubtful accounts of \$13,150
and \$350
Accounts receivable-affiliates
Materials and supplies
Prepaid expenses

Total current assets

Other assets
Deferred income taxes
Unamortized loan costs
Goodwill

Total other assets

Property, plant, and equipment
Operating plant:
Plant under construction
Plant in service
Accumulated depreciation
Total operating plant
Non-operating plant:
Telephone plant acquisition adjustment
Accumulated amortization
Non-regulated plant in service
Accumulated depreciation
Total non-operating plant

Total property, plant, and equipment

Total assets

NEW FLORENCE TELEPHONE COMPANY AND SUBSIDIARIES CONSOLIDATED BALANCE SHEET (Continued) DECEMBER 31, 2014

(With unconsolidated financial statements for 2013)

2014 2013

LIABILITIES AND STOCKHOLDERS' EQUITY

Current liabilities

Accounts payable

Accounts payable-affiliates

Customer deposits

Accrued expenses

Income tax payable

Current portion of long-term debt

Total current liabilities

Long-term liabilities

Deferred income taxes

Long-term debt, net

Total long-term liabilities

Total liabilities

Stockholders' equity

Common stock, no par value, 600 shares

authorized, 100 issued and outstanding

Additional paid in capital

Retained earnings

Treasury stock, 177 shares, recorded at cost

Total stockholders' equity

Total liabilities and stockholders' equity



NEW FLORENCE TELEPHONE COMPANY AND SUBSIDIARIES CONSOLIDATED STATEMENT OF INCOME FOR THE YEARS ENDED DECEMBER 31, 2014 (With unconsolidated financial statements for 2013)

Operating revenue

Local network

Network access

Billing and collection

Miscellaneous

Total operating revenue

Operating expenses

Plant specific

Plant nonspecific

Customer operations

Corporate operations

Depreciation

Total operating expenses

Operating taxes

Income taxes (benefit)

Other operating taxes

Total operating expenses and taxes

Operating income (loss)

Non-operating revenue (expense)

Other income (loss)

Non-regulated income (expense)

Income taxes (expense) benefit

Non-operating income (loss)

Net income (loss) before fixed charges

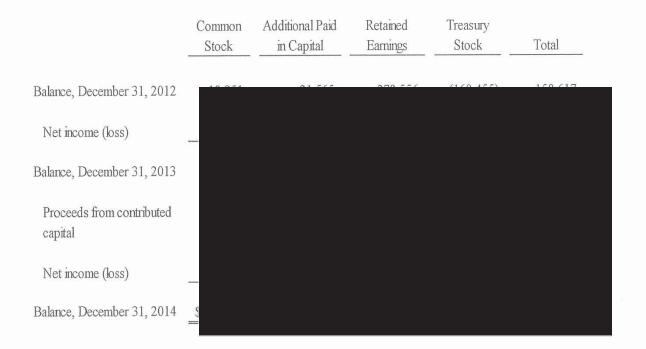
Fixed charges

Net income (loss)

2014

2013

NEW FLORENCE TELEPHONE COMPANY AND SUBSIDIARIES CONSOLIDATED STATEMENT OF CHANGES IN STOCKHOLDERS' EQUITY FOR THE YEAR ENDED DECEMBER 31, 2014 (With unconsolidated financial statements for 2013)



NEW FLORENCE TELEPHONE COMPANY AND SUBSIDIARIES CONSOLIDATD STATEMENT OF CASH FLOWS FOR THE YEAR ENDED DECEMBER 31, 2014

(With unconsolidated financial statements for 2013)

Cash flows from operating activities

Net income (loss)

Adjustments to reconcile net income to net cash provided (used) by operating activities

Depreciation and amortization on non-regulated

property

Amortization of loan costs

Depreciation and amortization

Deferred taxes

Bad debt reserve

Changes in assets and liabilities

Due from customers and agents

Accounts receivable-affiliates

Materials and supplies

Prepaid expenses

Accounts payable

Accounts payable-affiliates

Customer deposits

Accrued expenses

Income tax payable

Net cash provided (used) by operating

activities

Cash flows from investing activities

Purchase of goodwill

Purchase of capital items

Purchase of non-regulated assets

Purchase of investments in affiliates

Net cash provided (used) by investing

activities

2013

2014

NEW FLORENCE TELEPHONE COMPANY AND SUBSIDIARIES CONSOLIDATED STATEMENT OF CASH FLOWS (Continued) FOR THE YEAR ENDED DECEMBER 31, 2014 (With unconsolidated financial statements for 2013)

Cash flows from financing activities
Payments of long-term debt
Payments on short-term shareholder loans
Proceeds from issuance of long-term debt
Payment of loan costs
Proceeds from contributed capital

Net cash provided (used) by financing activities

Net increase (decrease) in cash and cash equivalents

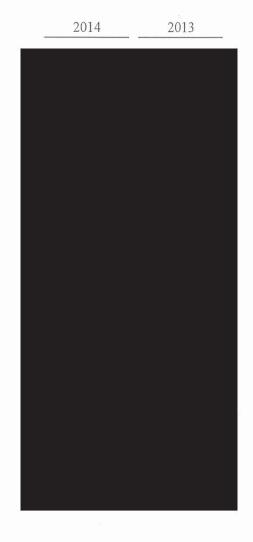
Cash and cash equivalents, beginning Cash from purchase of affiliated companies

Cash and cash equivalents, ending

Cash paid during the year for:

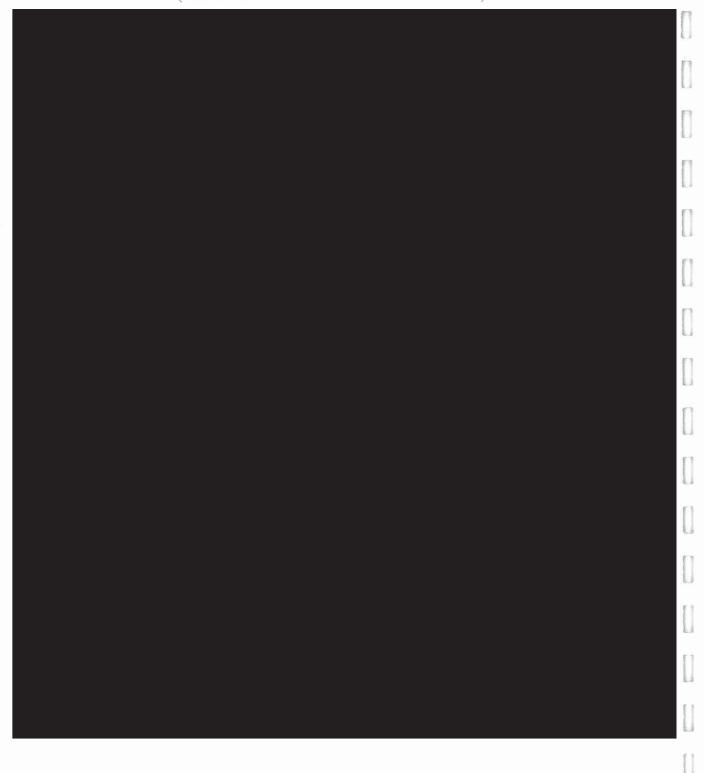
Interest

Income taxes

























INDEPENDENT AUDITOR'S REPORT ON SUPPLEMENTAL INFORMATION

Board of Directors New Florence Telephone Company and Subsidiaries New Florence, Missouri

Our report on our audit of the consolidated financial statements of New Florence Telephone Company and Subsidiaries, for the year ended December 31, 2014, appears on pages 1-2. That audit was made for the purpose of forming an opinion on the consolidated financial statements taken as a whole. The supplemental information consisting of the consolidating balance sheet at December 31, 2014, and consolidating statements of income and retained earnings, and cash flows of New Florence Telephone Company and Subsidiaries for the year then ended is presented for purposes of additional analysis of the 2014 consolidated financial statements, rather than to present financial position, results of operations, and cash flows of the individual companies. Such information has been subjected to the auditing procedures applied in the audits of the consolidated financial statements, and in our opinion, is fairly stated in all material respects in relation to the consolidated financial statements taken as a whole.

Brigham City, Utah April 4, 2015

NEW FLORENCE TELEPHONE COMPANY AND SUBSIDIARIES CONSOLIDATING BALANCE SHEET DECEMBER 31, 2014

New Florence New London Orchard Farm The Stoutland
Tekphone Tekphone Tekphone Tekphone
Company Company Company Eliminations Total

Company Company Company Company Eliminations Total ASSETS Current assets Cash and cash equivalents Due from customers and agent less allowance for doubtful accounts of \$13,150 Accounts receivable-affiliates Materials and supplies Prepaid expenses Total current assets Other assets and investments Investment in affiliates Deferred income tax Unamortized loan costs Goodwill Total other assets and investments Property, plant, and equipment Operating plant: Plant under construction Plant in service Total operating plant Accumulated depreciation Total net operating plant Non-operating plant Telephone plant acquisition adjustment Accumulated depreciation Non-regulated plant in service Accumulated depreciation Total net non-operating plant Total property, plant, and equipment, net Total assets

NEW FLORENCE TELEPHONE COMPANY AND SUBSIDIARIES CONSOLIDATING BALANCE SHEET (continued) DECEMBER 31, 2014

| | New Florence Telephone Company | New London Telephone Company | Orchard Farm Telephone Company | The Stoutland Telephone Company | Eliminations | Total |
|---|--------------------------------------|------------------------------------|--------------------------------------|---------------------------------------|--------------|-------|
| LIABILITIES AND STOCKHOLDERS' EQUITY Current liabilities Accounts payable Accounts payable-affiliates Customer deposits Accrued expenses Income taxes payable Current portion of long-term debt | Company | | | | | |
| Total current liabilities | | | | | | |
| Other liabilities Deferred income taxes Long-term debt, net | | | | | | |
| Total other liabilities | | | | | | |
| Total liabilities | | | | | | |
| Stockhoklers' equity Common stock Additional paid in capital Treasury stock Retained earnings | | | | | | |
| Total stockholders' equi | | | | | | |
| Total liabilities and stockholders' equity | | | | | | |

NEW FLORENCE TELEPHONE COMPANY AND SUBSIDIARIES CONSOLIDATING STATEMENT OF INCOME AND RETAINED EARNINGS FOR THE YEAR ENDED DECEMBER 31, 2014

| | | Telephone Company | Telephone Company | Orchard Farm Telephone Company | The Stoutland Telephone Company | Eliminations | Total |
|--------------------------------|---------|----------------------|----------------------|--------------------------------------|---------------------------------------|--------------|-------|
| Operating revenue | | Company | Company | Соприну | Сопрану | Emiliations | 10ta1 |
| Local network | | | | | | | |
| Network access | | | | | | | |
| Billing and collecting | | | | | | | |
| Miscellaneous | | | | | | | |
| Total operating reven | ue | | | | | | |
| Operating expenses | | | | | | | |
| Plant specific | | | | | | | |
| Plant nonspecific | | | | | | | |
| Customer operations | ST. | | | | | | |
| Corporate operations | | | | | | | |
| Depreciation and amortizat | | | | | | | |
| Total operating expen | ises | | | | | | |
| Operating taxes | | | | | | | |
| Income taxes (benefit) | | | | | | | |
| Other operating taxes | | | | | | | |
| Total operating exper | ses ai | | | | | | |
| taxes | | | | | | | |
| Operating income | | | | | | | |
| Non-operating revenue (expe | nse) | | | | | | |
| Other income (expense) | (S | | | | | | |
| Management fees | | | | | | | |
| Non-regulated income (exper | ise) | | | | | | |
| Income from subsidiary | | | | | | | |
| Income tax benefit (expense) | | | | | | | |
| Income available for i | ixed | | | | | | |
| charges | | | | | | | |
| Fixed charges - interest on lo | ng-ten | | | | | | |
| debt | | | | | | | |
| Net income | | | | | | | |
| Retained earnings/member eq | uity, | | | | | | |
| beginning of year | | | | | | | |
| Retained earnings/member eq | uity, e | | | | | | |
| year | | | | | | | |

NEW FLORENCE TELEPHONE COMPANY AND SUBSIDIARIES CONSOLIDATING STATEMENT OF CASH FLOWS FOR THE YEAR ENDED DECEMBER 31, 2014

| | New Florence Telephone Company | New London Telephone Company | Orchard Farm Telephone Company | The Stoutland Telephone Company | Eliminations | Total |
|--|--------------------------------------|------------------------------------|--------------------------------------|---------------------------------------|--------------|-------|
| Cash flows from operating activities | | | | | | |
| Net income (loss) | | | | | | |
| Adjustments to reconcile net income to net | | | | | | |
| cash provided (used) by operating activities | | | | | | |
| Amortization of loan costs | | | | | | |
| Depreciation and amortization on | | | | | | |
| miscellaneous physical | | | | | | |
| property/nonoperating property included | | | | | | |
| in other expense | | | | | | |
| Depreciation and amortization | | | | | | |
| Deferred taxes | | | | | | |
| Income from subsidiaries | | | | | | |
| Changes in assets and liabilities | | | | | | |
| Due from customers and agents | | | | | | |
| Accounts receivable-affiliates | | | | | | |
| Materials and supplies | | | | | | |
| Prepaid expenses | | | | | | |
| Accounts payable | | | | | | |
| Accounts payable-affiliates | | | | | | |
| Customer deposits | | | | | | |
| Accrued expenses | | | | | | |
| Income taxes payable | | | | | | |
| Net cash provided (used) by | | | | | | |
| operating activities | | | | | | |
| Call Carrie Carrier and Mar | | | | | | |
| Cash flows from investing activities | | | | | | |
| Purchase of goodwill | | | | | | |
| Purchase of capital items | | | | | | |
| (Purchase of) proceeds from non-regulated assets | | | | | | |
| Proceeds from (purchase of) investments in | | | | | | |
| affiliates | | | | | | |
| Net cash provided (used) by investing | | | | | | |
| activities | | | | | | |

NEW FLORENCE TELEPHONE COMPANY AND SUBSIDIARIES CONSOLIDATING STATEMENT OF CASH FLOWS (continued) FOR THE YEAR ENDED DECEMBER 31, 2014

 New Florence
 New London
 Orchard Farm
 The Stoutland

 Telephone
 Telephone
 Telephone

 Company
 Company
 Company
 Company

The Stoutland

Telephone

Telephone

Telephone

Total

Cash flows from financing activities
Payments on long-term debt
Issuance of long-term debt
Payment of loan costs
Proceeds from contributed capital
Net cash provided (used) by financing activities

Net increase (decrease) in cash and cash equivalents

Cash and cash equivalents, beginning

Cash and cash equivalents, ending

Cash paid during the year for: Interest Income taxes

Noncash transactions:

None





INDEPENDENT AUDITOR'S REPORT ON INTERNAL CONTROL OVER FINANCIAL REPORTING AND ON COMPLIANCE AND OTHER MATTERS BASED ON AN AUDIT OF FINANCIAL STATEMENTS PERFORMED IN ACCORDANCE WITH GOVERNMENT AUDITING STANDARDS

The Board of Directors New Florence Telephone Company and Subsidiaries New Florence, Missouri

We have audited the consolidated financial statements of New Florence Telephone Company and Subsidiaries as of and for the years ended December 31, 2014, and have issued our report thereon dated April 4, 2015. We conducted our audits in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States of America.



P.O. DRAWER 577 * 205 NORTH MAIN BRIGHAM CITY, UTAH 84302 * (435) 723-8563 * FAX (435) 723-8565

